

# TANNING FACILITY PARENT/GUARDIAN CONSENT FORM

*Maryland law states that an owner, employee, or operator of a tanning facility may not allow a minor under the age of 18 years to use a tanning device unless the minor's parent or legal guardian provides written consent on the premises of the tanning facility and in the presence of an owner, employee, or operator of the tanning facility. (Md. Code Ann., Health-General Article §20-106(b)).*

## WHAT YOU SHOULD KNOW ABOUT TANNING:

### AVOID OVEREXPOSURE

Artificial tanning devices can cause eye and skin injury and allergic reactions, just like natural sunlight. They can also cause burns, premature aging of the skin, and skin cancer. *Sunburns during childhood and adolescence are associated with an increased risk for developing malignant skin cancer later in life. If you don't get a tan in the sun, you probably won't get a tan using a tanning device.*

### ULTRAVIOLET RADIATION SENSITIVITY

Certain medicines, cosmetics, and foods can increase the risk of complications from ultraviolet radiation and tanning for some people. Make sure you review a list of these possible interactions before you use a tanning device.

### PROTECTIVE EYE WEAR

Failure to use FDA certified protective eyewear may result in severe burns or long-term injury to the eye.

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### CONSENT

*I have read and understood the above stated facts about tanning.*

*I am the \_\_\_\_ parent or \_\_\_\_ legal guardian (check one) of \_\_\_\_\_, who is a minor not yet 18 years of age.* (Print name of minor)

As the parent or legal guardian of the minor named above, I give consent for him/her to use the tanning devices in this facility \_\_\_\_\_ as shown below (mark only one box):

(Name and Address of Facility)

☐ One visit only

☐ A total of \_\_\_\_ visits from start date: \_\_\_\_\_ to end date: \_\_\_\_\_

☐ Unlimited

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name of parent/legal guardian \_\_\_\_\_

Contact information: Street, City, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

Print name of Owner/Operator \_\_\_\_\_

*This consent form expires when the named minor reaches 18 years of age or on the end date indicated above, whichever comes first.*